

# 2015 CITY OF GLENDALE HOMELESS COUNT



*Left: homeless client and volunteer, Irina Kassabian*



*Right: Volunteer, Melina Mahmoudi and homeless client*

*Left: Irina Kassabian, homeless client, and Officer Steven Koszisz*



*Right: Marcell Mitchell, Ascencia; Alfred Hernandez, Lead Outreach Case Manager; Marco Tejadilla, Volunteer; and homeless client.*



## Acknowledgments

This report is the result of a partnership between the Glendale Continuum of Care Board of Directors, Community Services and Parks Department and Homeless Service Providers in Glendale. These entities continue to work together to plan, develop and implement the City's Continuum of Care system for providing services to homeless individuals and families.

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The annual homeless count is dependent upon local homeless service providers and program operators serving the homeless to participate in a day and night long enumeration exercise; and completing a survey entry for each person seen and served during the Count.

Special thanks to all of the **Community Volunteers**, the **Glendale Police Department**, and **Ascencia's Outreach** team who were especially instrumental in planning and conducting the street count.

### *Volunteers in no particular order:*

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## I. Executive Summary

This report is meant to answer the primary question of “How many homeless persons are in the City of Glendale on any given day/night.” The answer, according to the 2015 Point-In-Time Count, is 208 persons. This compares to 318 in 2013. There were 86 persons in families and 122 individuals, for a total of 208 unsheltered and sheltered persons, who were counted as homeless during the Point-In-Time “City of Glendale 2015 Homeless Count and Sub-Population Surveys”. This represents a 35% decrease when compared to the total number of sheltered and unsheltered persons counted in 2013.

**Table 1: City of Glendale Homeless Counts from 2007-2015**

Year	Total # of Homeless Persons	# of Homeless Persons in facilities no longer included in counts	Adjusted # of Homeless Persons	% of Increase or Decrease from Previous Year
2007	296	48	248	N/A
2008		Homeless Count not conducted		
2009	306	48	258*	+4%
2010	428	N/A	428	+66%
2011	412	N/A	412	-4%
2012	299	N/A	299	-27%
2013	318	N/A	318	+6%
2014		Sheltered Count conducted		
2015	208	N/A	208	-35%

\*HUD does not consider persons to be homeless who are doubled up, or currently in permanent housing funded through the Continuum of Care program; therefore, such persons were not included in the Homeless Count.

**Table 2: Comparison of 2013 and 2015 Homeless Count**

	2013 Count		2015 Count	
	#	%	#	%
Unsheltered Count	107	34%	122	59%
Sheltered Count	211	66%	86	41%
Total:	318	100%	208	100%

Based on the comparison of 2013-2015, the significant reduction may be due, in part, to the fact that the Los Angeles Homeless Services Authority's (LASHA's) Regional funded Winter Shelter Program was not hosted in the City of Glendale in 2015, as it was in 2013. Thus, some of the street population would have utilized the Winter Shelter Program if it was hosted in the City of Glendale, and they would have been counted among the sheltered population and sub-population. Another reason for the reduction is the Glendale CoC's reallocation of 18 units from transitional housing to permanent housing, as a result of HUD's direction to local continuums. The 56 persons living in those units at the time of the 2015 Homeless Count were not counted as homeless, since HUD does not count persons in permanent housing like it does persons living in transitional housing.

## II. Background

The Federal Department of Housing and Urban Development, as part of its requirement for local jurisdictions to continue to substantiate and receive homeless continuum of care funding asks local jurisdictional applicants to conduct a homeless needs assessment in the form of a "one night point-in-time" homeless count, at a minimum, every other year during the last 10 days of January. The homeless count is conducted under the auspices of the Glendale Homeless Continuum of Care and in collaboration with CoC participating agencies and Volunteers. This year, the "City of Glendale's 2015 Point-In-Time Homeless Count" was conducted on Wednesday, January 28, 2015. The Point-in-Time Count provides a count of sheltered and unsheltered homeless persons from the more recent annual count. Counts are based on:

1. Number of persons in households without children;
2. Number of persons in households with at least one adult and one child; and
3. Number of persons in households with only children. This includes only persons age 17 or under, including unaccompanied children, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

Counts are further broken down into subpopulation categories including counts of persons who are chronically homeless, persons with severe mental illness, chronic substance abusers, veterans, persons with HIV/AIDS, victims of domestic violence and unaccompanied children.

Per HUD guidelines for purposes of a homeless count, persons were considered homeless if they were staying in places listed below and defined by HUD as follows:



*Homeless Client and Ivet Samvelyan*

1. Places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
2. Emergency shelters; or
3. Transitional housing for homeless persons who originally came from the streets or an emergency shelter.

**Glendale Point –In –Time Count:**

The Glendale Homeless Continuum of Care selected January 28, 2015 as the official point-in-time date. The count was carried out on the streets throughout the day and evening. The count was also conducted in programs serving the homeless. A survey instrument is designed to collect basic identifying information on each client that is used to generate a unique identifier per person enumerated. Variables collected to create the unique identifier include the following per each client:

- First Initial,
- Last Initial,
- Gender,
- Year Born, and
- State of Birth (abbreviation).

The combination of the above variables results in an anonymous ID, such as ADF67CA. This unique ID preserves client anonymity while also providing the source by which homeless persons accessing services will be unduplicated. In addition to the above information, the following variables were collected and used to determine specific characteristics of the homeless population:

- Race;
- Age Group (under 18, 18-24, 25+);
- Hispanic or Latino (Yes or No);
- Family Status (single or family);
- How many members are in the household?;
- How many adults are in the household?;
- How many children (under 18) are in the household?;
- What is the relation to the head of household?;
- If person has been continuously homeless for a year or more;
- Number of Episodes of Homelessness (at least 4 episodes or less than 4 episodes);
- Physical Disability;
- Veteran Status;
- Domestic Violence;
- Serious Mental Health Problems;
- Post-Traumatic Stress Disorder (PTSD);
- Drug or Alcohol Problem; and
- HIV/AIDS.

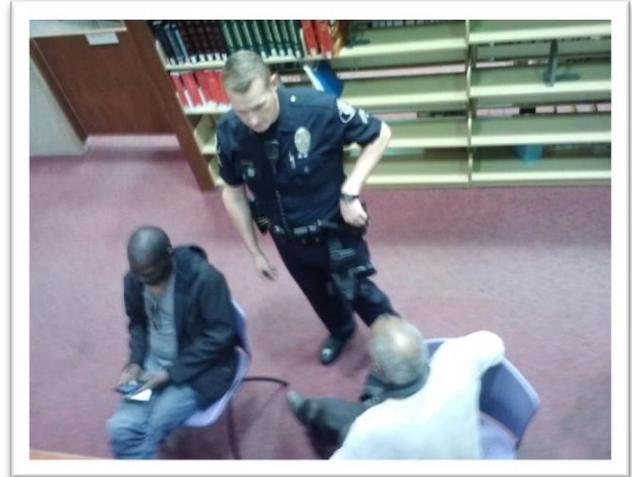
Each client was given the opportunity to refuse to participate in the survey. The survey is inclusive of “refused to respond” respondents. Survey data is collected from each agency (totaling hundreds of entries) and then duplicate entries are unduplicated to obtain an accurate count.

The homeless count data is used to determine the special needs of the homeless population and sub-populations; and to substantiate the City's need for funding. The unduplicated count is meant to be confidential, and the information collected is used only to perform a count of currently homeless persons in the City of Glendale.

### III. Key Findings

On January 28, 2015, 208 unduplicated homeless persons were enumerated.

- 122 (59%) are individuals and 86 (41%) are persons in families.
- 44 of the 208 (21%) are children under 18 years of age.
- 164 of the 208 (79%) are adults 18 years of age or older. Of the 164 adults:
  - 17 (10%) are 62 years of age or older;
  - 69 (42%) meet the definition of chronically homeless;
  - 38 (23%) are identified with a chronic mental illness;
  - 26 (16%) are identified as having problems with chronic substance abuse;
  - 12 (7%) suffered from both substance abuse and a serious mental illness (dual diagnosis);
  - 64(39%) are either chronic substance abusers or mentally ill,
  - 4 (2%) identified themselves as HIV positive or having been diagnosed with AIDS; and
  - 6 (4%) are veterans.
- 63 out of 208 (30%) are identified as being homeless due to domestic violence;
  - 52 (83%) were women and their children, and
  - 11 (17%) were men that are homeless.



*Homeless Client and Officer Koszis*

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of Households	25	13	0	121	159
Total Number of Persons	45	41	0	122	208
Number of Children (under age 18)	17	26		1	44
Number of Persons (18 to 24)	4	3	0	10	17
Number of Persons (over age 24)	24	12	0	111	147

**Gender**

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	24	27	0	34	85
Male	21	14	0	88	123
Transgender (male to female)	0	0	0	0	0
Transgender (female to male)	0	0	0	0	0

**Ethnicity**

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	29	39	0	106	174
Hispanic/Latino	16	2	0	16	34

**Race**

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	9	22	0	60	91
Black or African-American	17	10	0	13	40
Asian	0	3	0	2	5
American Indian or Alaska Native	2	0	0	1	3
Native Hawaiian or Other Pacific Islander	0	6	0	1	7
Multiple Races	17	0	0	45	62

This section contains demographic information regarding key sub-populations in 2015 compared to the last homeless count in 2013. Of the 208 homeless persons, 122 (59%) are individuals, 86 (41%) are persons in families.

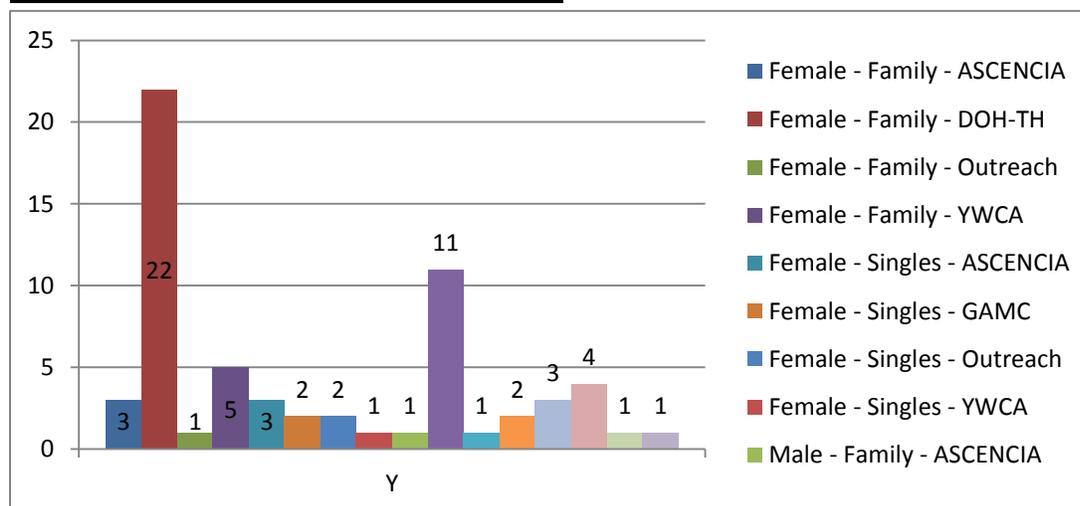
### 2015 vs. 2013 Family Status

Family Status			
2015		2013	
Individuals	122	Individuals	200
Family	86	Family	118
<b>Total</b>	<b>208</b>	<b>Total</b>	<b>318</b>

Comparing family status composition between 2015 and 2013, there is a significant decrease in the total number of individuals. The shift may be due, in part, to the fact that the regional winter shelter program funded by the Los Angeles Homeless Services Authority (LAHSA) was not hosted in the City of Glendale, as it was in 2013. The winter shelter program in Glendale only included a pick up/drop off location for homeless persons to be transported to the regional shelter location in Pacoima. As a result, the total number of homeless persons was reduced from 318 in 2013 to 208 in 2015, also resulting in a corresponding reduction in the total number of single/unaccompanied persons counted in 2015.

HUD continues to prioritize permanent housing for chronically homeless persons. As such, local Continuums must continue to strategize and reallocate funding from existing low HUD priority programs to new permanent housing to maintain competitive status. As a result of this direction from HUD, the Glendale CoC reallocated 18 units from transitional housing to permanent housing. The 56 persons living in those units at the time of the 2015 Homeless Count were not counted as homeless, since HUD does not count persons in permanent housing like it does persons living in transitional housing.

### 2015 Domestic Violence Status



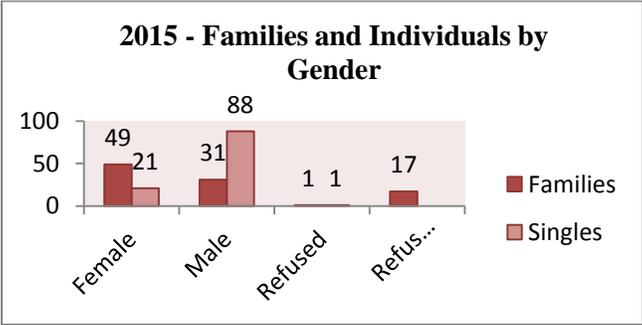
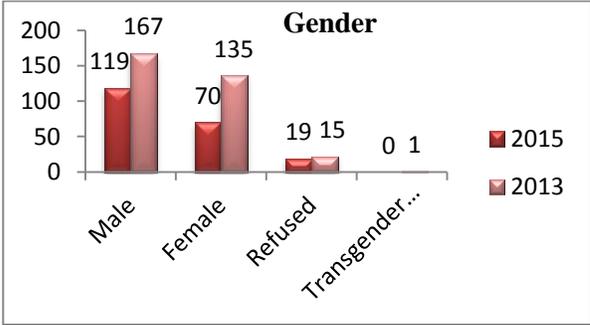
The YWCA of Glendale is the main entry point for families fleeing domestic violence. During the Point In Time Count, the YWCA serves 10 domestic violence survivors through Sunrise Village Emergency Shelter Programing. During the point-in-time count, Door of Hope, GAMC, and Ascencia also served victims of domestic violence. Comparing unduplicated persons, 57 in 2013 vs. 63 in 2015, the total number of persons homeless due to domestic violence has increased slightly.

**2015 vs. 2013 Age Demographics**

Age Demographics			
2015		2013	
Under 18	45	Under 18	67
18 to 24	13	18 to 24	16
25 +	133	25 +	216
Refused	17	Refused	19
<b>Total</b>	<b>208</b>	<b>Total</b>	<b>318</b>

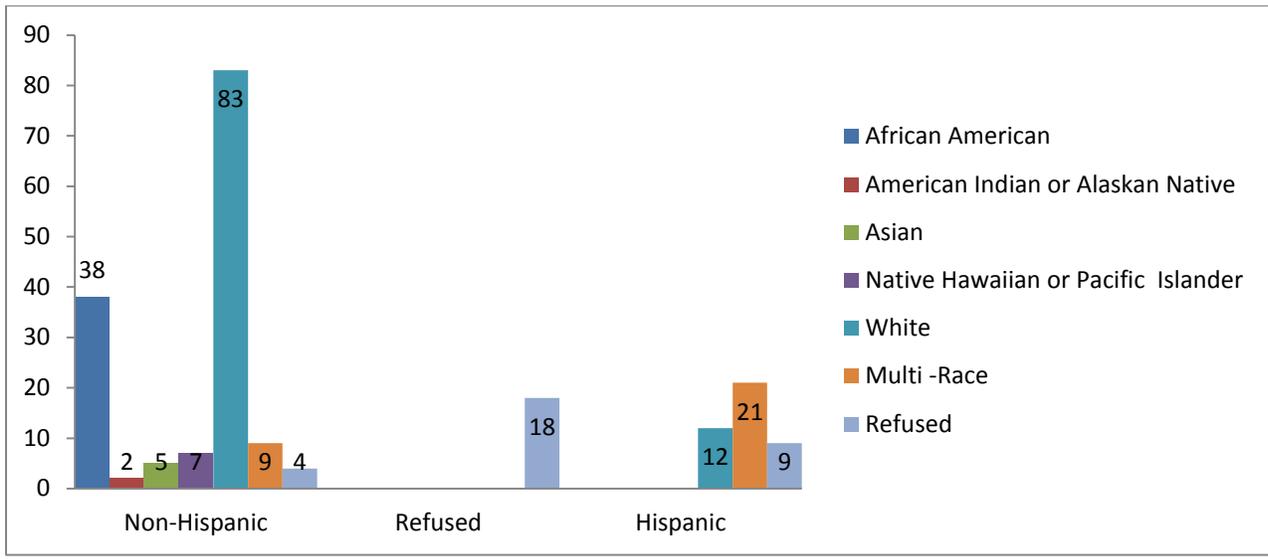
In 2015, there is a 38% decrease with the over 25 population compared to 2013. The decrease in persons over age 25 experiencing homelessness is mainly due to not hosting the Regional Winter Shelter Program in the City of Glendale. The winter shelter program typically served single, unaccompanied adults over 25 years old. Another factor is the reallocation of 18 transitional housing units to permanent supportive housing; and HUD does not count persons in permanent housing as homeless.

**2015 vs. 2013 Gender Demographics**



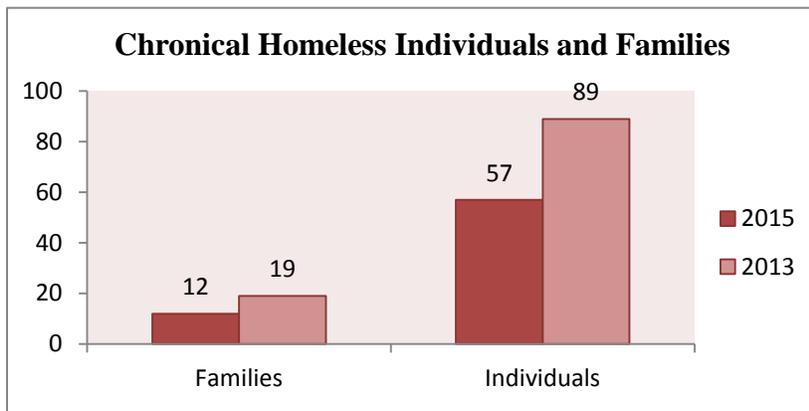
In 2015, the total number of male and singles was reduced significantly due to not hosting the winter shelter program, which typically serves single, unaccompanied adults over 25 years old. In addition, most families are assessed and quickly connected to available Rapid Re- Housing and Family Solutions Programs offered through the SPA 2 CES System.

### 2015 Homeless Count Race and Ethnicity Status



HUD only required Hispanic or Latino to be listed in the ethnicity category. Persons, who answered “yes” when asked “Are you Hispanic or Latino”, were then asked “What is your race”? Per HUD’s instructions, their answers were included under the various categories of race. Out of 208 persons, 18 refused to answer race/ethnicity information. A total of 42 out of 208 (20%) are Hispanic, and 148 out of 208 (71 %) are non-Hispanic.

### 2015 Homeless Count Chronically Homeless



In 2015, the City of Glendale point in time count revealed 69 chronically homeless persons in Glendale, compared to 108 in 2013. Factors contributing to less chronically homeless in Glendale are mainly due to not hosting a regional winter shelter program in the City of Glendale. Anytime a

community hosts a regional winter shelter, the number of homeless persons increases in the community, impacting the unsheltered and sheltered homeless count. Ascencia is Glendale’s CES lead utilizing the Vulnerability, Index and Services Prioritization, Decision, Assistance Tool (VI-SPAT) tool for all homeless persons entering Glendale programs. Ascencia conducts the initial CES Intake and continues to match clients with available housing units.

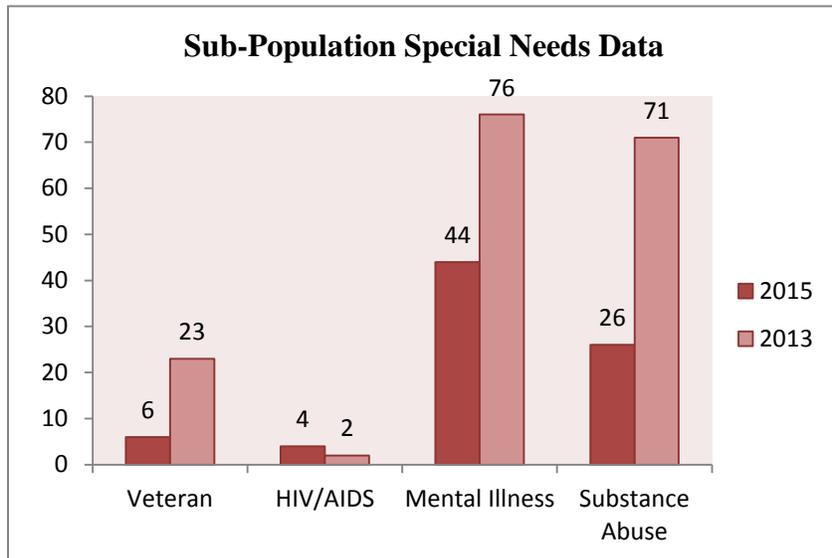
HUD defines as **chronically homeless** an unaccompanied homeless individual or family with a disabling condition (see definition below) who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter/Safe Haven during that time.

An episode of homelessness is a separate, distinct, and sustained stay on the streets, in a hotel, and/or in a homeless shelter or housing. Distinct homeless episodes are separated by at least (30) days.

A disabling condition is defined as a diagnosable substance abuse disorder, a serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. In addition, a disabling condition limits an individual’s ability to work or perform one or more activities of daily living.

### 2015 Homeless Count Sub-Population Special Need Individual

On June 22, 2010, the U.S. Interagency Council on Homelessness (USICH) issued the Administration’s federal strategic plan to end homelessness. The Federal Strategic Plan to Prevent and End Homelessness, sets the goals of finishing the job of ending chronic homelessness and homelessness among veterans by 2015, and ending homelessness among families, youth, and children by 2020. City of Glendale’s 10 year strategy has set goals and



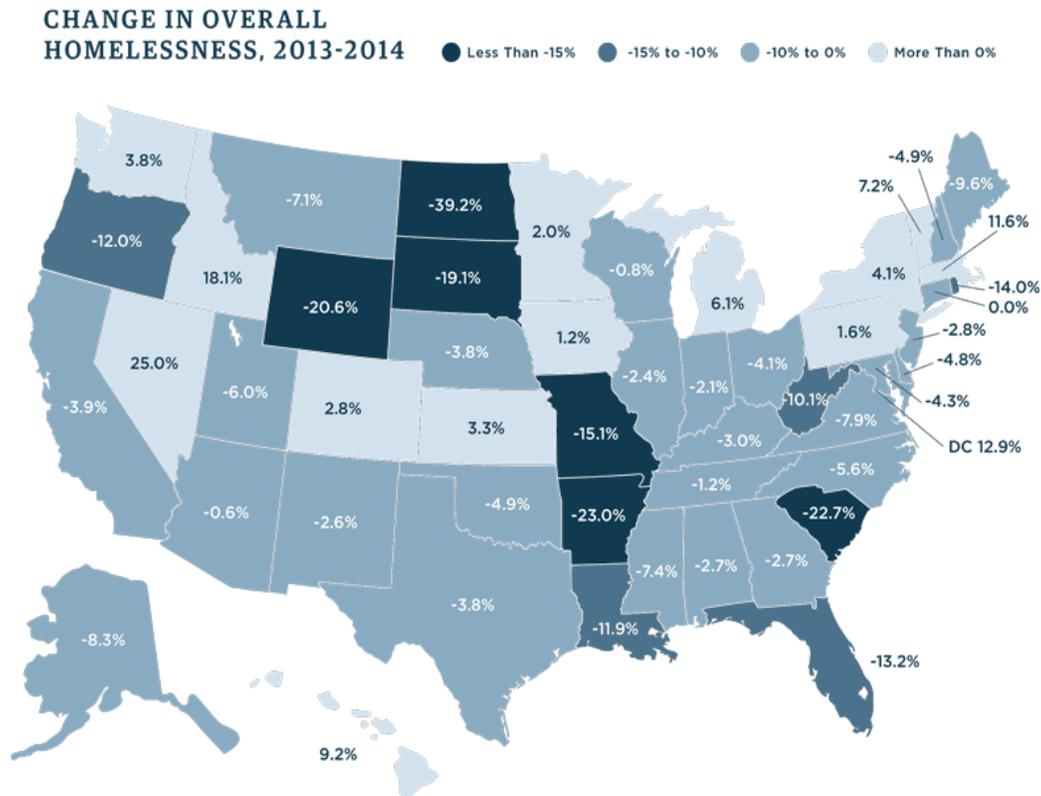
identified opportunities to end veteran’s homelessness in Glendale. 6 (3%) persons are veterans. The City of Glendale received funding for permanent supportive housing vouchers and works closely with Ascencia and PATH Ventures to prioritize and end Veteran homeless in Glendale by 2015. In addition, CoC partners with the City’s Community Development and Housing

Department and successfully placed several homeless veterans at Veterans Village.

In comparing 2013 to 2015, the total percentage of Veteran population decreased as a result of the City’s and Ascencia’s efforts for placing Chronically Homeless Veterans in the Permanent

Supportive Housing Program through HUD’s Rental Assistance Program (Formerly Shelter Plus Care Program) and VASH Vouchers through Ascencia and PATH Ventures.

## 2014 Changes in Overall Homelessness: Comparative Analysis Nationwide



- On a single night in January 2014, 578,424 people were experiencing homelessness — meaning they were sleeping outside or in an emergency shelter or transitional housing program.
- According to the National Alliance to End Homelessness (NAEH), in 2014 overall homelessness decreased by 2.3 percent and homelessness decreased among every major subpopulation: unsheltered persons (10 percent), families (2.7 percent), chronically homeless individuals (2.5 percent), and veterans (10.5 percent).
- NAEH reported a decrease of 3.9% in California’s overall homelessness.

(1) <http://endhomelessness.org/library/entry/the-state-of-homelessness-in-america-2015>

**2015 Comparative Analysis: Southern California CoC's**

CoC	Total Number of Persons Counted in 2013	Total Number of Persons Counted in 2015	Variance
Glendale	318	208	110 (-35%)
Pasadena	772	632	140 (-18%)
Long Beach	2,847	2,345	502 (-18%)
Los Angeles County	35,524	41,174	5,650 (+16%)
Imperial County	252	554	302 (+120)
Kern County	1,152	953	199 (-17%)
Orange County	4,251	4,452	201 (+5%)
Riverside County	2,978	2,367	508 (-17%)
San Bernardino	2,321	2,149	172 (-7%)
San Diego County	8,879	8,742	137 (-2%)
San Luis Obispo County	2,357	1,515	842 (-36%)
Santa Barbara County	1,882	1,445	437 (-23%)
Ventura County	1,674	1,417	257 (-15%)
<b>Total</b>	<b>65,207</b>	<b>67,953</b>	

**IV. Next**

The U.S. Department of HUD has shifted its focus to permanent housing solutions to homelessness through models such as housing first, permanent supportive housing and rapid re-housing. Therefore, Glendale CoC continues to work strategically to- re-prioritize available funds and reallocate programs that are no longer HUD's priority to maintain its competitive status and continue to secure renewal and new funding.

Homelessness may be decreasing, possibly due to improvements in the homeless assistance system, but this system alone cannot overcome the affordable housing crisis. Housing remains unaffordable in the City of Glendale. This was the case prior to the recession, worsened during the recession, and has not improved since the end of the recession. Mainstream low-income assistance programs should be attentive to households' living situations and help maintain housing stability whenever possible and, more importantly, City of Glendale should urgently prioritize investment in affordable housing for homeless persons.

Glendale's Homeless Continuum of Care focus is to prioritize unsheltered chronically homeless persons, including working closing with various subpopulations, including but not limited to veterans, mental illness, substance abuse, domestic violence, youth, seniors, and persons with HIV/AIDS, and other disabilities. City of Glendale's approach is consistent with the approach that the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Veterans Affairs and U.S. Interagency Council on Homelessness. Through the coordination of the

Coordinated Entry System (CES), City staff work closely with Ascencia, City's CES lead to expand resources, through a focus on permanent housing and Housing First models.

**Recommendation 1: End Veteran Homelessness by the end of 2015:**

Consistent with the City's 10-year strategy to end homelessness and Federal Strategy of "Opening Doors", the U.S. Department of Veterans Affairs (VA) issued a plan to end Veteran Homeless by the end of 2015. Homelessness among Veterans between 2013 and 2015 decreased as a result of aggressive outreach efforts for placing Chronically Homeless Veterans in Permanent Supportive Housing Program through the City's Rental Assistance Program (Formerly Shelter Plus Care Program) and VASH Vouchers through Ascencia and PATH Ventures.

**Recommendation 2: Continue to Implement Housing First targeting Chronically Homeless**

A Housing First approach will continue to provide unsheltered homeless persons priority to quick housing placement followed by services as needed. This approach is HUD's proven model to significantly reduce the length of time people experience homelessness and prevent future episodes, which supports Glendale CoC goals.

**Recommendation 3: Continue to implement Rapid Re-Housing Programs for non-chronically homeless families and individuals**

Rapid Re Housing models continue to be HUD's and Glendale's top priority for addressing the needs of the newly homeless. The City of Glendale should continue to apply for private foundation funding to provide incentives for landlords to partner with CoC programs to assist with housing placements in Glendale.

## V. Conclusion

The City of Glendale's 2015 Homeless Count was a collaborative effort between the City of Glendale, the Glendale Homeless Continuum of Care, homeless alumni, and community volunteers.

The results of the 2015 Homeless Count provide information that serves as the basis for three important priorities:

- Understanding the nature and extent of the current trends in homelessness in the City of Glendale;
- Responding to the unmet needs and gaps in services for homeless individuals and families in the City of Glendale; and
- Developing local community and county wide strategies to meet the goal of ending homelessness in 10 years and ending Veteran homelessness by the end of 2015.

The sources of data provide valuable information for the City's annual Continuum of Care Application to HUD, the Annual Action Plan and the Consolidated Annual Performance Evaluation Report which

are all required submissions to HUD, if the City is to continue to receive substantial funding to end homelessness within its jurisdiction.

Continuum of Care funding provides street outreach; specialized case management, including employment counseling, mental health services, substance abuse services, and housing placement; and transitional and permanent supportive housing through the HUD Continuum of Care Programs.

## Appendix A – Definitions

**Chronic Substance Abuse** – This category on the PIT includes persons with a substance abuse problem (alcohol abuse, drug abuse, or both) that is expected to be of long-continued and indefinite duration and substantially impairs the person’s ability to live independently.

**Persons with HIV/AIDS** – This subpopulation category of the PIT includes persons who have been diagnosed with AIDS and/or have tested positive for HIV.

**Severely Mentally Ill (SMI)** – This subpopulation category of the PIT includes persons with mental health problems that are expected to be of long-continued and indefinite duration and substantially impairs the person’s ability to live independently.

**Unaccompanied Child (under 18)** – This subpopulation category of the PIT includes persons under the age of 18 with a household size of one.

**Veteran** – This subpopulation category of the PIT includes persons who have served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

**Domestic Violence** - This subpopulation category of the PIT includes persons who have been victims of domestic violence at any point in the past.

